S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD WRITE PLAINLY, WITH

14089 1 PLACE OF DEATH County Oscomico



### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. 330

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institutioo, give its NAME lostead of street and nomber.]

FULL NAME Loory of Idal	LL3
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Longle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Morth) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month   Mont	that I last saw had alive on way 3 1915, that I last saw had alive on way 3 1915, and that death occurred on the date stated above, at 10 a m.  The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF FATHER  (State or country)  M  M  12 MAIDEN NAME	Contributory (Secondary)  (Duration) yrs mes ds.  (Signed) A Consisted M. D.  (Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  15 BIRTHPLACE OF MOTHER (State or country)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death?
(Address) Onardele Org  Filed REGISTRAR  if more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MOS dela S

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichac--Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: For vio-



S. No. 1.

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### PERMANENT RECORD UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH of Information should be CAUSE OF Important. N. B.-



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 338

	Fif doubt secures	d I
St.;Ward)	[if death occurre	

ADDRESS

own

Village or City Debrow (No,	St.;—Ward)  [if death occurred la a hospital or institution, give its NAME instead of street and nomber.]
FULL NAME Sallie 9, 1	Vaeley
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OF RACE SINGLE, MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  Abril 17, 1830	16 DATE OF DEATH  (Mogyh) (Day (Year)  17 I KEREBY CERTIFY, That I attended deceased from 1915 to Quey 10 1915  that I last saw here alive on Quey 10 1915
7 AGE (Year)  7 AGE  (Year)  (Year)  (Year)  (Year)  (Year)  (I LESS than  1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at // m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work Nouse hold duties (b) General nature of Industry, business, or establishment in which omployed (or omployer)  8 BIRTHPLACE (State or country.)  Wilsonnico 60	Dufurnition of old age of Paralysis (Buration) yrs mos. ds.  Contributory Secondary
10 NAME OF FATHER DESURÉNAME A SOUVANT.  11 BIRTHPLACE OF FATHER (State or country) Milonniso 60  12 Maiden NAME OF MOTHER M. 1. P. 1.	(Signed) H. C. Opman and J. D. D. C. (Signed) H. C. Opman and J. D. D. C. (Address) Nebran N. D. (Address) N. D. (Address) Nebran N. D. (Address) N. D. (Address) Nebran N. D. (Address) N.
13 BIRTHPLACE OF MOTHER (State or country) Milornice 00  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Selfs Soward.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence
(Addrage) Hebrow, Mo.	PPLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 14

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Cronp";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injnry, as fracture of skull, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puenperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head (Recommendations on statement of Never report



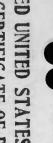
state Very 10 should OCCUPATION PHYSICIANS RECORD statement PERMANENT lated classified. shoul properly [LI Ö INK supplied. pe UNFADING may certificate. 0 WITH back terms should FO See Instructions plai Information 2 I DEAT 0 Item OF important. CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH County aluling la Ill death occurred la a hospital or institution, give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, - 1 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day (Write the word) I KEREBY CERTIFY, That I attended deceased from (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day, .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. . (State or country State \_ mos. Where was disease contracted, KNOWLEDGE It not at place of death? usuai residence DATE OF BURIAL 15 ADDRESS

REGISTRAF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who reecive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) 'Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemie cereterm for the same disease. Examples: Cercbrospinal time and eausation), using always the same accepted eausing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE

> injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," cte.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. ample: Meastes (disease eausing affection need not be stated unless important. The eontributory (seeondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; Never report



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### S pinous PHYSICIANS shoul of OCCUPATION RECORD PERMANENT classified 0 properl AGE INK UNFADING certificate. 00 on back terms, hould plain Instructions Information = DEATH See 50 Item LO mportant. Every Ite

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. If death occurred in a hospital or institution. give Its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 BINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, WORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day. hrs. OF DEATH\* was as follows: OR ..... min. ? Danae BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State Where was disease contracted. OF MY KNOWLEDGE if not at place of death?. Former or usual residence DATE OF BURIAL 16 UNDERTA ADDRESS If more blanks are needed, address State Registrar, 6 E. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) mia," "Puerperas peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancanse of death approved by Committee on Nomench "Contributory." Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Heart failnre," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Exetc. The contributory (secondary or intercurrent) cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "PUERPERAL septichae-"Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

9/8/

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state . DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH

N. B.—Every Item CAUSE OF Important.

Village or City Salisbury (No. 2	STATE OF MARYLAND  GERTIFICATE OF DEATH  Registration Dist. No. 333  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I KEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day Year)  7 AGE If LESS than 1 day, hrs. OR min.?	that I last saw h 11 alive on July 30'' 1915 and that death occurred on the date stated above at 8 9, m.  The CAUSE OF DEATH was solilows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Mo Wys 2 mos. is.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)  Carry  (Intermant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death In the In
(Address) Salisbury Thd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

1915. Hours Sunders State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

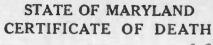
Statement of cause of death—Name, first, the misrase causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



### Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

PLACE OF DEATH	14094
County Micons	CO
Village or City Shring	Bull wa



Registration Dist. No. 338

St.:...Ward)

[If death occurred is

2 FULL NAME Emma Loise	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While Single,  Marrieo,  Wooden,  Ordivorceo (Write the word)	16 DATE OF DEATH Quay 13 1915 (Month) (Day (Year)
S DATE OF BIRTH  Story  (Month)  (Day  (Year)	aug Z 1915 to aug 13 1915, that I last saw her allve on aug 12 1915
7 AGE    If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of lodustry, business, or establishmeni in which employed (or employer)	Geelling & Dysentary  (Ouration) yrs. mos. ds.
OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  (Signed)
(Informant) arthur Romos (Address) Salisbury Ro. 7. D. #2 16 Filed Quig /3, 1915 N.S. Phileips	If not at place of death?  Formef or usual residence.  19 PLACE OF BURIAL OR REMOVAL  AUG. 14.9  30 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

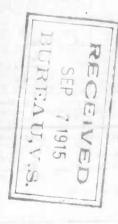


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persous ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in iudustrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmor or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERFERAL peritonitis," etc. State cause for mns," "Old Age," "Shoek," "Uracmia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease cansing death), 29 ds.; affection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scalle," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "PUERPERAL septichac-



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V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH w.Z

Village or City Neur Mardel & Pull NAME Levin Z, Bo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 330  [If death occorred is a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inale Johnte Single, Marred Widowed, ORDIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
(Not known) 1852  (Month) (Day) (Year)	that I last asw herealive on aug 9 1915
7 AGE   11 LESS than 1 day,hrsdsds	and that death occurred on the date stated above, at
8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos 8 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER William & Bounds  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MO	(Signed) (Duration) yis into ds.  (Signed) (Duration) yis into s. ds.  (Signed) (Address) (Addre
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)  M. B. Warnell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) Islandela Ma	19 PLACE OF BURIAL OR REMOVAL  Mardela  20 UNDERTAKER  ADDRESS

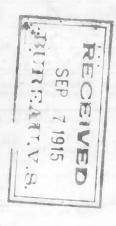
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowie ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronio interstitial nephritis ver" is less definite; avoid use of "Tumor" for malls: oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never repor Examples: For VIO-



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PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. classified. 4 pe S UNFADING INK-THIS supplied. carefully that it 80 WITH should PLAINLY. of Information WRITE Every Item CAUSE OF ø ż

### Very PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, Man WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) properly classif 7 AGE If LESS tha 1 day,.....hr BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment In which employed (or employer) ... certificate. 9 BIRTHPLACE (State or country 10 NAME OF FATHER of See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or county 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or countr Important. 15 REGISTRAR

If more blanks are needed, address State Re

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ill death occurred in a hospital or Institution. give its NAME Instead of street and number.]

	MEDICAL CERTIFICATE OF DEATH
1	G DATE OF DEATH  (Month) (Day (Year)
	17 I HEREBY CERTIFY That I attended deceased from 23, 1915, to Grant 2' 1915
	hat last saw ham alive on Quy 1 st 1915
	nd that death occurred on the date states above, at 10 4 tm, the CAUSE OF DEATH* was as follows:
	-
2	salvular Heart Disease Street Moses ds.
S	Secondary one live Conflictute Day 1 kms
74	Signed) on Export of D. D.
-   -	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
- 9	of death yrs. mos. ods State 30; yrs. mos. ds Where was disease contracted, Balto, Co. Md.
	Former or Spanows Poul-Ned
- 1	Salishing Pelmeters Mig 3, 1915
7	WA Selwant Sal shows
strai	r. 6 E. Franklin St. Relto Requesting V S No. 1

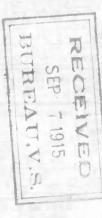


[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be-known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid different prenumonia; Bronchopneumonia ("Pnenmonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae merc symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, thre of the American Medical Association.) canse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Hanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of State cause for



PHYSICIANS show RECORD PERMANENT ciassified. properi AGE supplied. pe UNFADING may certificate. of WITH back terms. pino UO plain instructions Information 5 DEATH Jo Item E OF mportant. Every Ite m ż

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STATE OF MARYLAND CERTIFICATE OF DEATH homme en Registration Dist. No If death occurred in a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDDWED. (Day ORDIVERCED (Write the word) Month) (Year) That I attended deceased from DATE OF BIRTH 1915 (Month) (Day (Year) 7 AGE if LESS than th occurred on the date stated above, at 1 day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAULES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country State Where was disease contracted. THE ABOVE IS if not at place of death?

usuai residence. DATE OF

ADDRESS

BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: ness. If retired from business, that faet may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

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nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL perilonitis," etc. State eause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenelainjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemla," "Weakness," genital," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



Village or City hear Allen Maino. Fry	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 333  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE   5 SINCLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)   6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERWITY, That I attended deceased from
Nov. 9 1914	, 191, to, 191,
(Month) (Day (Year)  7 AGE  (Month) (Day (Year)  1 LESS than 1 day,hrs. ORmin.?  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at / 0 m.  The CAUSE OF DEATH * was as follows:  The CAUSE
BIRTHPLACE (State or country) No as Allen Mal	Secondary
10 NAME OF FATHER Daniel Cornish  11 BIRTHPLACE OF FATHER (State or country) Someract Co. Md.  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Causes, state the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Wicomico 6º Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Olivara F Japanese	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, It not at place of death?  Former or
(Address) Ecles Mod	Justial residence  19 PLACE OF BURIAL OR REMOVAL  ATT Fray Road Church pear filer Ange 16 th, 1915  20 UNDERTAKER  ADDRESS  The Hold of Anger of An

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged lu domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiulte salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But ln many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerrebal peritonitis," etc. State cause for .genital," oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerpenal septichae etc., when a dcfinite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Seulle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should?	CAUSE OF BEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	
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y Ite	SE	Important. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND County Wicomie & CERTIFICATE OF DEATH Registration Dist. No If death occurred is .Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1913 Black WIDOWED. ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, gr particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) ..... (Duration) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. ARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs. \_ ds. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address)..... 15 20 UNDERTAKER ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single-word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

in nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of



PLAGE OF DEATH 141()() County Mulanupa  Village or City Salushy (No Panna)  2FULL NAME 2000 5 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RAGE STINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I hereby Certify. That I attended deceased from
Month) (Day (Year)  7 AGE  The function of the state of t	that I last saw her alive on any 30, 1911.  and that death occurred on the date stated above, at 2 A m.
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or eslabiishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
9 BIRTHPLACE (State or country) Plauves  10 NAME OF FATHER PLACE OF FATHER (State or country) Plauves  11 BIRTHPLACE OF FATHER (State or country) Plauves  12 MAIDEN NAME	(Signed)  *State the DISEASE CAUSING DEATH, or, In deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place

REGISTRAR

was disease contracted

usual residence BURIAL OR REMOVAL BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defiuite saiary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) \*Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, perilonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallginjury, as fracture of skuil, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," ampie: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 7 1915
BURFAU.V.S.

V. S. No. 1.

RECO	Ikem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC tant. See instructions on back of certificate.		²FU.	LL NAME		terbr	st.
		PERSONAL AND STATISTICAL PARTICULARS					
PERMANENT		3 SI	rale	Color Col	OR RACE	SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the W	rord)
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER		8 D	ATE OF BIRT	Н	and (Month)	1 21 (Day	, 1 <b>52</b>
		TA	GE,	/. 8 yrs		iosds	If LESS t 1 day,
		(a) pa (b)	CCUPATION Trade, protession rticular kind of w General nature iness, or estab	of Industry,	ailer Bo	o ha	s.
		which employed (or employer)  **BIRTHPLACE* (State or country) Palvet to Md?					
		PARENTS	10 NAME O FATHER	5	out,	Kun	
			OF FAT	HER or country)	son	1 /hu	~
			13 BIRTHPI OF MOT	ACE	Don	1 /En	w
			THE ABOVE !  (Intormant)  (Address).		THE BEST	of MY KNOV	NLEDGE
	N. B.—Every Iten CAUSE O Important.	16 Fil	aug !	3/", 191.	~ M	Turn	REGISTRAR

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

Sists: 13 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE SINGLE SINGLE WARRIED, ORDIVORCED (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	thay 1 last saw his wallve on any 31", 1915,
1 day,hrs. yrs	and that death occurred on the date states above, at
Sailer	Hengrhage
stry, General harle	Lexhaustide (Duration) yrs. mos. ds.
Calvert lo Md?	Phthisis Pulmonolis port Emis
sout Kun	(Signed) Jiv - N. Foll M. D.
ntry) sout Thur	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
5 sout 1 Em	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
ntry) Dout Thu	At place of death yrs. 1 mos. 8 ds. State yrs. mos. ds.
Live M. Followledge	Where was disease contracted. Dout 1800 If not at place of death?  Former or  Sent To San land To Calout
Salistry MK	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
,191.5 MJurnoz	20 JUNERTAYES ADDRESS
REGISTRAR	+ X 4/ Julian salahan Allander

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing nearn, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping eough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can cause of dcath approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine defiuitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of For vio-



state Very OCCUPATION IS PHYSICIANS RECORD statement PERMANENT 4 S cla properly AGE INK supplied. UNFADING certificate. 0 WITH 00 ATH in plain instructions DEATH Jo OF mportant.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred to a hospitat or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDDWEO. (Month) Write the I HEREBY CERTIEX. That I attended deceased from (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) whitch employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 0 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State or country State Where was disease contracted. If not at place of death? usual residence. DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

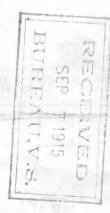


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPEBAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railroay train-acci-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malty The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



	PLACE OF DEATH 14113	STATE OF MARYLAND			
Coun	my Wheomed	CERTIFICATE OF DEATH			
- Coun		Registration Dist.	No. 333		
Villag	go or City Salisbury (No. Can	rden bis 8 (3 Ward)	[It death occurred in		
			a hospital or institution, give its NAME instead		
	2 FULL NAME Stomman Elliall	<u> </u>	of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWED OR DYORCED OR DYORCED (Write the word)	16 DATE OF DEATH (Month)	(Day) , 1915 (Year)		
1114		17 I HEREBY CERTIFY That I attended deceased from			
6 DA	TE OF BIRTH	duy / 191 , to any 27, 191 S,			
	(Month) (Day) (Year)	that I last saw h malive on and	1, 26, 1915,		
7 AGI		and that death occurred on the date sta	ten above, at K m.		
	vrs 4 mos 18 ds OR min.?	The CAUSE OF DEATH * was as follows	s: ,		
8 00	CUPATION	Sulus-Coll	<b>5</b>		
	) Trade, profession, or ticular kind of work.		***************************************		
(b)	) General nafure of industry siness, or establishment in	(Burntlan)	25		
Whi	ch employed (or employer)	Contributory Faulty Of	oraridi		
9 81	RTHPLACE (State or country)  Md	Secondary (Quration)	VTC mos ds		
	10 NAME OF SATHER SECULAR A Elliast	(Signed)	, M. C.		
S	11 BIRTHPLACE	any 7. 181 J. (Address) Jent	whomas lug		
PARENTS	OF FATHER (State or country)  12 MAIDEN NAME	State the Disease Causing Death, or, i Capses, state (1) Means of Injury; and (2 Suicidal or Homicidal.	n deaths from VIOLENT ) whether Archental,		
PAR	OF MOTHER Steel Haskings	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN			
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place to the			
14		Where wes disease contrected,	yrsds.		
17.18	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?			
	(Informant) 100 91 14 Culou	usuel residence			
	(Address) 306 - Wiesmiel Jalisty Me	19 PLACE OF BURIAL OR REMOVAL	Jug 29 , 1915		
15 Pile	Aug 28 1915 M. Junes	20 UNDERTAKER	ADDRESS		
A	REGISTRAR	Hollowayt 60	alighrung		
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.					



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," etc. But in many cases, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis?"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-occident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to-determine definitely. "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-Examples: Accidental drowning; "Dropsy," carbolic acid-probably Never report mere (Recommendations "Exhaustion,



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UNFADING

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occorred in St.:....Ward) a hospital or lostitution, give its NAME instead ot street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Year) (Month) (Day ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date/stated above, at ...... 1 day ..... hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 1916 ... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING/DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ State \_\_\_\_\_ yrs. Where was disease contracted. THE ABOVE IS TO if not at place of death? Former or usual residence DATE OF BURIAL

(Address).....

15 una 2 decal REGISTRAR

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Colton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of (Recommendations on statement of For vio-



### MARGIN

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state Very pinons 60 OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. classified. U properly AGE pe UNFADING Iddus may that 80 of WITH back terms. hould 00 plain Instructions 5 EATH of Q 10 item Every item CAUSE OF important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Mileria Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, Sur 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO, WICOWEO. (Year) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ., 191..... to .... alive on ...... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employar) ..... Contributory. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. Where was disease contracted, THE ABOVE IS TRUE BEST If not at place of death?----Former or usual residence. ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAR ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

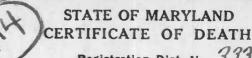
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH



Village or City Salisbury Mel (No	Canadan Dist.; 18 Ward) [if death occurred in a hospital or institution,				
*FULL NAME Charles W. Fo	ntarrel give its NAME instead of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
Male 4 COLOR OR RACE 5 SINGLE, MARRIED. Midown ORDIVORCED (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from				
7 AGE (Month) (Day (Year)	that I last saw Min alive on alive on 3, 1915				
78 yrs 0 mos 8 ds 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH* was, as follows:				
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or amployer)	Quigation Internal description of the second				
9 BIRTHPLACE (State or country) Somerset Co, Md.	Contributory Simily Secondary  (Buration) Degistermos ds.				
11 BIRTHPLACE OF FATHER (State or country) Somerset Go. Md.	(Signed)				
12 MAIDEN NAME OF MOTHER SHAME OF, W. Fontaine  13 BIRTHPLACE OF MOTHER (State or country) Somewhat has Mod.	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of deathyrs				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Again Tontaine	Where was disease contracted pure the first and it not at piace of death? Former or usual residence.				
(Address) Ocomobe City Mcl 16 Filed Pug 13d, 1915 Murror REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Ang. 14 15 1915 1915 1915 1915 1915 1915 191				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.					

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no oecupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 7 1915
BUREAU, V.S.

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certificate. 50 back Instructions

PLACE OF DEATH

Very State CERTIFICATE OF DEATH County alelon LPA should OCCUPATION Registration Dist. No. 1 [If death occurred in PHYSICIANS a hospital or institution. give its NAME instead of street and number. 1 50 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED, Sprodowe ORDIVORCEO (Day I HEREBY CERTIFY, That I DATE OF BIRTH classified. pe (Month) (Day (Year) 7 AGE pino If LESS than and that death occurred on the date stated above alsout. 1 day hrs. OR ..... min. ? properly M BOCCUPATION (a) Trada, profession, or particular kind of work. supplied. be (b) General nature of industry. business, or establishment in may which employed (or employer) ..... 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 20 (Signed ARENTS terms, 11 BIRTHPLAGE OF FATHER (State or country should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or country EATH of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State Where was disease contracted, IS TRUE TO See If not at place of death? 0 a Former or Item OF usual residence Important. Every Its BATE OF BURIAL (Address 15 20 PH DEBTAKES DERESS REGISTRA If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



### 3

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But In many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," engineer,

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such, if impossible to determine definitely. Examples: genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ratvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-"Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Seulle," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



No. où

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### state should is OCCUPATION PHYSICIANS Village or City (No. RECORD <sup>2</sup>FULL NAME jo PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE widowed on Divorced (Write the word) 6 DATE OF BIRTH ciassifled. 4 (Month) (Day) pe 7 AGE should 1 day, ....hrs. THIS OR ..... ? properly AGE SOCCUPATION (a) Trade, protession, or INK particular kind of work. supplied. Je. (b) General nature of industry, business, or establishment in UNFADING may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully = that 10 NAME OF FATHER ō WITH back PARENTS 11 BIRTHPLACE terms. should OF FATHER PLAINLY 12 MAIDEN NAME of Information s DEATH in plain See Instructions piain OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country WRITE 14THE ABOVE IS (informant Item OF Important. Every It (Address) 15 m REGISTRAR

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.: .....Ward)

[It death occurred in a hospitai or institution, give its NAME instead ot street and number.]

SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
min mo record	Ciry 12, 1915, to July 19, 1915.
(Month) (Day) (Year)	that I last saw har alive on Angle 1913
it LESS than 1 day,hrs. yrsmosds. ORmin.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
sion, or March	Cerebral Hemoriting
re ot industry, stablishment in (or employer)	(Ouration) yrs. mos. ds
Entry) May land	Contributory (Secondary)  (Ouration) yrs
of alfred Haller	(Signet) M. C. M. D.
or country) Mary land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-
EN NAME	TAL, SUICIDAL, OF HOMICIDAL.
IPLACE OTHER May land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place tn the ot death yrs,
LESTER BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence
s) Quantino Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER PRINTERS SEIGNALE)



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered us mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons 6

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

S. Harpila

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf dooth accurred in

Village or City (No. (No. St.; /3 Ward)  a hospital or institution, give its NAME instead of street and nomber.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MODERNE ORDIVORCED (Write the word)	16 DATE OF DEATH & Z , 191 V (Month) (Day (Year)		
TAGE  Age  (Month)  (Day  (Year)  (Year)	that I last saw h alive on and that death occurred on the date stated above, at 2.20 m.		
38 yrs mos 19 ds. or or or Jarm Land	The CAUSE OF DEATH* was as follows:		
(b) General nature of Industry, business, or establishmeni in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary		
10 NAME OF FATHER George Mall  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME COUNTRY	(Signed)		
of Mother have, 6. Only  13 BIRTHPLACE OF MOTHER (State or country) Wellaware  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Click M. Vincent	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. 9 ds. State yrs, mos. 9 ds  Where was disease contracted, if not at place of death? Toward & LOCAL state yrs, which is not at place of death?		
(Address) Rear Laurel, Welsons  16 FIGURE 1915 M Jurus  REGISTRAR  If more blanks are needed address State Regist	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PERPORA  20 PHOERTAKER  ADDRESS  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewije, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers statement. Never return "Laborer," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of ageness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." is less definite; avoid use of "Tumor" for mallg The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 14110	STATE OF MARYLAND
County Miconnes	CERTIFICATE OF DEATH  Registration Dist No. 333.
0 1.1	Registration Dist, No. 999,
Village or City Dusbury (No. Car	uden Dist. St.; Sward) [If death occurred in a hospital or institution,
milliam H	give its NAME Instead of street and number.]
FULL NAME / MANAGEMENT	
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OF BACE 5 SINGLE,	MEDICAL GERTIFICATE OF DEATH
Male Phil Gringle, Single, Widowso, ORDIVORCED Single With the word)	16 DATE OF DEATH (Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
may 8, 1913.	
7 AGE (Month) (Day (Year)	
9 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
S OCCUPATION MOS	Congenter malformation
(a) Trade, profession, or particular kind of work	5 Stepp
(b) General nature of Industry,	7 hill
business, or establishment in which employed (or amployer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Miconnico	Contributory Secondary  (Burstian) wre man de
10 NAME OF FESANJA & Hanna	(Signed) V. Q. Cle acle., M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  PAGE OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether Accidental Spicipal of Howicipal.
4 OF MOTHER BESSIE Haylman	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTED
13 BIRTHPLACE OF MOTHER (State or country)  Maconico	At place in the of death yrs. mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Trans & Janua	Former or usual residence
(Address) Dusbury mcl	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 0 11 1. 0	Misons Geneley Fallsbury mg 8/16/15, 181
Files May June.	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, ete. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)eases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Fpidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoucis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichae ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsious," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seulle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For vioprobably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

SEP 71945
BUREAU.V.S.

	N. B.—Every item of information should be csrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	rLY.	
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PLACE OF DEATH County Uncomed	14111 p. g. Host ill	STATE OF MARY CERTIFICATE OF Registered	DEATH
Village or Gity Release	m (No. Co	comalen dest st: 13 Ward)	[If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 SEX 4 COLOR OR RACE	MARRIED, married  Wisowers  Savonaco (Write the word)	16 DATE OF DEATH (Monyi)	(Day) , 191 & (Day) (Year)
6 DATE OF BIRTH	10 , 187 (Year)	that I last saw hand alive on any	10 1915,
**SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **JONAME OF FATHER LULLIM	If LESS than 1 day, hrs. OR min.?	(Signed) N. R. Warle  (Signed) 1915 (Address) Selle	Ingin Length rs. mos. ds. rs. mos. ds.
C State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	Bolman	*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTOR RECENT RESIDENTS)  At place in the full of death	itutions, Transients,
(Informant)  (Address)  (Address)  15  Filed M. 9 10 1915 NP	Lorenz MA Jumez REGISTRAR	Prices auce Ma and Pauce Pauce Dennis P.	ma ma ATE OF BURIAL MUS III. , 191.5. DORESS Quine MI.
If more blanks are	needed, address State Registra	r, & E. Franklin St., Balto., Requesting V. S. No.	



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day luborer, Farm laborer, Laborer-Coal "Manager." "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement. Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Servant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will, be sufficient, e. g., tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis?"); Liphtheria (avoid use of "Croup"): Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("I'neumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc... Carcin-

LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puenpenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important valvular heart disease; Chronic interstitial nephritie. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report FOI VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 71915
BUREATLY.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

STATE OF MADVI AND

PEROL OF BERTH	STATE OF MARTEAND
County Micomico	CERTIFICATE OF DEATH
	Registration Dist, No. 331
Village or City Debron, (No	St.;—Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Herrale While Single, Married, Widower, Orbivorce (Write the word)	DATE OF DEATH  (Nonth)  (Day  (Year)  17  I hereby Certify, That I attended deceased from
S DATE OF BIRTH  April 5-th, 1879  (Month) (Day (Year)	aug 19, 1915, to aug 23, 1916; that I last saw her allve on aug 23, 1915
7 AGE  3 6 yrs. 4 mos. 4s. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Preumonia Jobas
(b) General nature of Industry, business, or establishmont in which employed (or employer)	(Duration) yrs mas. ds.
9 BIRTHPLACE (State or country) Maryland	Secondary  (Doration)
10 NAME OF Joshua Holliday	(Signed) It to Common on M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Mainten NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER Mary Co Layfield	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the ot death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Autil D Wight	Where was disease contracted, if not at place of death?————————————————————————————————————
(Address) Sebron Mid	Place of Buriat or REMOVAL DATE OF BURIAL  Grap 25 1815
Filed ang 25, 191 N. S. Phillips PAGISTRAR	6. G. Messick Pouralix Ind
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every Item o CAUSE OF I Important. S

certificate.

RECORD

1 PLACE OF DEATH

Urcomies



### STATE OF MARYLAND CERTIFICATE OF DEATH

330

Village or City Athol (No. 2 FULL NAME & Elizebeth, A	st; Ward)	[It death occurred is a hospital or institution give its NAME lustea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
AEmale White (Write the word)	16 DATE OF DEATH august (Month)	16th, 1915 (Day) (Year)
S DATE OF BIRTH  Agreedy 15, 1915  (Month) 8 (Day) 6 (Year)	that I last saw h alive on	
7 AGE   11 LESS than 1 day, hrs. or min. ?	The CAUSE OF DEATH * was as follows:	ove, atm
GOCCUPATION (a) Trade, protession, or particular kind of work	Mollie of	Muse
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)	rrs. ds.
9 BIRTHPLACE (State or country)	(Secondary)	yrsd_mesds
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)	Registrate D
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  MC	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSOR RECENT RESIDENTS) At place In the control of death yrs	
Informants Thomas Control	Where was disease contracted, It not at place of death?  Former or usual residence	
(Address) Maschla My	19 PLACE OF BURIAL OR REMOVAL DA	TE OF BURIAL
Filed		DRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conampie: Meastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chrowie er" is less definite; avoid use of "Tumor" for malts. oma. Sarcoma. etc., of .... ture of the American Medical Association.) "Contributory." which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH County

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.. -Ward) [If death occurred in a hospital or institution, give its NAME Instead

2 FULL NAME Hester Jones	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flemel Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH August 2 4 , 191 S Month) (Day (Year)
8 DATE OF BIRTH  No Record (Year)	that I last saw her alive on Design of 20, 1915.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 7.03 74 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work house Religion	Out glebenstone
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 3 yrs. mas. ds.
9 BIRTHPLACE (State or country) Maryland  10 NAME OF Stephen Stanley  11 BIRTHPLACE	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Place M. D.  Quantity M. D.
11 BIRTHPLACE OF FATHER (State or country)  Manual  Ma	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) TERRITORIES SANKFOOD	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Wetipguis Ma  16 Filed ang 25, 1915 Tucy & Yallin	Over of Burial or REMOVAL DATE OF BURIAL  Welfguin ME Cently aug 26, 1915  20 UNDERTAKER, ADDRESS
If more blanks are needed address State Peris	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report uffection need not be stated unless important. Exumple: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cauis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Sales	14115 (a) Darson huy (No. 601) As Berry	STATE OF M CERTIFICATE Registration St.; & Wa Lathan	OF DEATH Dist, No. 333
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Ferrale White  6 DATE OF BIRTH	SSINGLE, Single MARRIED, WIGGE Willowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Minth)  17 I HEREBY CERTIFY, Th	(Day (Year)
June	28th 1913	171.2, 10	eng. / 1915.
7 AGE (Month)	(Day (Year)	that i last saw h slive on	1917
	1 day,hrs.	and that desth occurred on the date sta The CAUSE OF DEATH* was as follow	*
6 OCCUPATION (a) Trade, profession, or particular kind of work	me	Alles Colitis	
(b) General nature of Industry, business, or establishment in which employed (or employer)	***************************************	(Guration)	yrsmos. 7ds.
9 BIRTHPLACE (State or country)	7	Secondary Education	hin /
1D NAME OF Robert	Earle Trilian		yrs mos ds.
OF FATHER (State or country)	1 Co - Jud.	*State the Dyspace Caveryon Draws	clisting mo.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER CHEVY	ire D. Bern Alba	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	wongle, Va.	OR RECENT RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS)  At place In the of death yrs mos ds. Sta	
(intermant) which care	of MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.	
(Address) Alehn	pluma	19 PLACE OF BURIAL OR REMOVAL Sarsons Cenetry, Juliste 20 UNDERTAKER	DATE OF BURIAL 8/14/15, 191
Extension 191	REGISTRAR	The Hill & Johnson Co.	Lalisbury Ind
If more blanks a	re needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V	. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: But in many

Statement of cause of death—Name, first, the DISLASE eAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Meastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. sepsis, tetanus) injnry, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report thre of the American Mcdical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercnrrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," For vio-







[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stotionory fireman, etc. write None. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Locomotive engineer, But in many cases,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbohic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichumia, cause. etc., when a definite disease can be ascertained as the "Angemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intereur-State cause for which



state Very should is OCCUPATION PHYSICIANS RECORD 6 statement PERMANENT ssified. be cla THIS properly supplied. 90 UNFADING may certifical that 20 0 WITH terms, pino Instructions plai 2 EATH WRITE 50 Item E OF OF Every Item CAUSE OF Important.

(Address) La

Filed UMU3

15

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. I'll death occurred to St ......Ward) a hospital or institution. give its NAME Instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, of particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory. 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE 11, 191 Q. (Address) ARENT \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_\_\_ \_ ds. Where was disease contracted. KNOWLEDGE

If not at place of death?-

Former or osual residence.

Lestemulle Conster aug 3 md, 1	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	Lestemulle Cometer	aug 3 nd ,1

20 UNDERTAKER

., 191.5. ADDRESS

If more blanks and needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

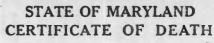
who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; Never report For vio-



1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD carefully supplied. ACE should be stated EXACTLY. Is that it may be properly classified. Exact statement CAUSE OF DEATH in plain terms, so that it mi N. B.—Every liem of information should be CAUSE OF DEATH in plain terms, s



Registration Dist. No.

St.; ......Ward)

[If death occurred la a hospital or Institution, give its NAME Instead ot street and nember.]

2FULL NAME	nace
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Aug 16 , 1913 (Month) (Day (Year)
** DATE OF BIRTH  **Rovember 15 , 1914  (Month) (Day (Year)	that I last saw here alive on 1915.
7 AGE    If LESS than 1 day,hrs. OR min. ?	and that death occurred out the date stated apore, at many many miles
(a) Trade, profession, or particular kind of work	Eules Calistis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mas ds.
9 BIRTHPLACE (State or country) Micornico Md	Gontributory Secondary
10 NAME OF John H Witchell	(Signed) (Signed) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 Main Name OF MOTHER  12 MOTHER  12 MOTHER  14 FT TO THE TOTAL	State the Disease Causing Death, or, in deaths from Violent
of Mother Minuie & Lecates	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrs, mos, ds.
(Informant) John H Mitchel	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Inclardo Md	better Chirch Comalary august 10, 1915
Filed 191 A for Justil	20 UNDERTAKER Harlow ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

eated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, pot who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Mauager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentessis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclanant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State childbirth or misearriage as "Puerreral septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," cause for For Vio-



STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home. and children, not gainfully the duties of the household only (not paid Housekeepers who receive a definite salary, may be entered as Houseprecise specification as Day luborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more mobile factory. mill; (a) Salesnian, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, very important, so that the relative healthful-The material worked on may form part Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronche pneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible on Nomenclature of the American Medical Association.) state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Muras-Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childby railway The nature of the injury, as fracture of skull The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere (Recommendations monu

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP: 7:1915 BUREAU, V.S.

RECORD UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, s Important.

### PHYSICIANS should state of OCCUPATION is very of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.

1 PLACE OF DEATH county micomiso

141201

### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Salisburg (No. P. a. Full NAME of Filton Ca	Registration Dist. No. 3 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Mit Single,  Married,  Married,  Morried  (Write the word)	(Month) (Day (Year)  AT I HEREBY CERTIFY, That I attended deceased from
Sept 15, 1947 Month) (Day (Year)	that I last saw ham alive on Change 1919
7 AGE  67 yrs 10 mos 18 ds OR	and that death occurred on the date stated above, at // m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	allow hundling
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 3 ds.
State or country) meomico Com	Contributory Currie Megaling Secondary Quallon Surface of the Contributory of the Cont
10 NAME OF Lebin M. Parker	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Mainten NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Salisbury Mod	19 PAGE SE BURIAL OR REVOLUTION DATE OF BURIAL
Fliedung 3", 1915 N. P. Turner	20 UNDERTAKER ADDRESS The Thills Ochnoon Co. Labertain To 1
If more blanks are needed, address State Regist	crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

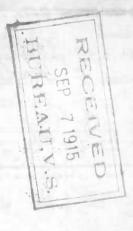
V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons But in many

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shoek," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asscpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (seeondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichac-



1 PLACE OF DEATH

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HYS		Will with Part	em lit	fif death occurred in
o to	Villag	ge or City Saus Muy M. H. M. (No	St.; 2 Ward)	a hospital or institution,
Exa	2 FULL NAME Dunel & Brisons		· · · · · · · · · · · · · · · · · · ·	give its NAME instead of street and number.]
d.				
EX		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
las	3 SE)	4 COLOR OR RACE 5 SINGLE, MARRIED, Varidous MIDOWED	16 DATE OF DEATH Ugust	2711.1915
starily of	MI	ale While (Write the word)	(Month)  17   HEREBY CERTIFY, That   attend	(Day) (Year)
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	Dig 17 1835		that I last saw bear alive on Burn	ang 26 1915
sho ny be of co	7 AGI	Month) (Duy) (Year)	and that death occurred on the date stated	00
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	D. D. yrs. mos. ds. or min.?			
that to	a) Trade, profession, or northcular kind of work		Sended Semility	<b>7</b>
so so	(b)	General nature of industry		
fully su terms, structi	bus whice	iness, or establishment in ch employed (or employer)	(Duretien)	yrs. mos. ds.
n te	9 BIRTHPLACE (State or country)		Secondary Secondary	ofPart
6 9 9	2		(Duration)	yrs mes de
in pl		10 NAME OF FATHER LICENTE LICENTE	(Signed) (Klimits)	, M. O
rH ant	S	11 BIRTHPLACE	any 27. 191. 5 (Address) Sulin	e, mo
on shot DEAT	FNH	OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2)	eaths from VIOLENT Lether ACCIDENTAL,
	AR	12 MAIDEN NAME OF MOTHER 1	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTI	ITUTIONS, TRANSIENTS.
SEO	O.	13 BIRTHPLACE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTI OR RECENT RESIDENTS)	ITOTIONS, THANSIENTS,
is is		OF MOTHER (State or country)	of deathyrsmesds. Stale,	yrsds.
O C II	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where wes disease contracted, If not at piecs of death?	
tate 4TI	(Informant) / Evigl & Brasins		Former er - usual residence	V.
Every item of should state (OCCUPATIO			19 PLACE OF BURIAL OR REMOVALL 7 DA	TE OF BURIAL
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-	X	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Reguesting V. S. No. I.	M
-	H	5°%)		

[Approved by U. S. Census and American Public Health Association.]

especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfultaken to report specifically the occupations of persons of the second statement. is provided for the latter statement; it should be used Housemaid, etc. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return ete., without more If retired from "Laborer," (b) Auto-

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cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracnia," "Weakness, genital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenelature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronby railway train-accident; Revolver wound of "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere



PLACE OF DEATH 10 STATE OF MARYLAND PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Village or City a hospital or institution. give its NAME Instead of street and number. ] RECORD EXACTI ciassifie PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Mileury 16 DATE OF GEATH WIDOWEO OR OLVORCED (Month rite the word) (Month) (Year) 7 AGE If LESS than of may and that death occurred on the date stated 1 day, hrs. ck U The CAUSE OF DEATH \* was as follows: min. ? OCCUPATION ed tha 0 (a) Trade, profession, or suppli Sug particular kind of work 000 (b) General nature of industry terms, business, or establishment in instruc (Duration) which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) See 10 NAME OF (Signed) rtant ENTE 11 BIRTHPLACE (State or country) 4 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT or tul USES, state (1) MEANS OF INJURY; and (2) whether Accountral, 0 Œ 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS Еш 13 BIRTHPLACE Al place S OF MOTHER 2 Slate.  $\supset$ (State or country Where was diseese confrected KNOWLEGGE Every item of should state COCCUPATION if not at place of death? usual residence DATE OF BURIAL REMOVAL 15 20 UNDERTAKER ADDTESS m REGISTRAP Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Bequesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

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RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very f certificate. See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s. Important.

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1 PLACE OF DEATH 14124  nty Wicomico	(%
111	0

### STATE OF MARYLAND

Co	lage or City Salisbury (No. 1. 9	CERTIFICATE OF DEATH  Salisbury Dist., Registration Dist. No. 333  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 A (a) pa (b)	MARRIED. MAURICO  MARRIED. MAURICO  WIDDWED, MAURICO  ORDINDROED  (Write the word)  ATE OF BIRTH  July 3/24, 1858  (Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1909, to 1910  that I last saw h alive on 1915  and that death occurred on the date stated above, at 725 A m  The CAUSE OF DEATH* was as follows:
	IRTHPLACE (State or country) Morcaster, Co. Md.	Gontributory D'abeles mellilios Secondary
	10 NAME OF FATHER ROLL Howell  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER  OF MOTHER OF MOTHER (State or country) Morcester to a Mod,  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Land Maryland Modern Moder	(Signed)
File	My 928, 191 5 Murrey	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the displayed causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthevia (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tclanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Semile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "PUERPERAL septichacprobably



V. S. No. 1.

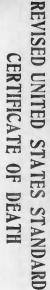
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

RECORD

County Aressured (5)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 330
Village or City Mardela (No. ),  2 PULL NAME Martha 18063	St.; Ward)  [it death eccurred to a hospital or Institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale White (Write the word)	16 DATE OF DEATH /6 , 1915 (Month) (Day) (Year)
8 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw here alive on 15 g and 1915
7 AGE	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kied of work	Maran garas
business, or establishmeet in which employed (or employer)	(Duration) yrs. 4 mos. 2 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory (Secondary)  (Doration)  (Signed)  (Signed)
UNITED MOTORISET  11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the Disease Causing Dearn, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER  OF MOTHER  (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS: INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds.
Informant) Dulis Robertors	Where was disease contracted, It oot at place of death? Former or usual residence
(Address) Mandele ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL S. 1915
Filed 191	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

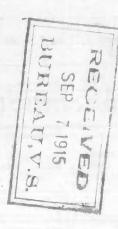


[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mall: oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



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	WRITE PLAINLY, WITH UNFADING INK-T	N. BEvery Item of information should be carefully supplied should state CAUSE OF DEATH in plain terms, so that
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Cou	PLACE OF DEATH 14126	STATE OF MARYLAND CERTIFICATE OF DEATH
	age or City Salisby R & # 4 Kulter	Registration Dist. No. 333.  St.; & Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	<sup>2</sup> FULL NAME MOGNET SNOOT	2 Cey of Street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 3 SI	Emale While the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That Lattended deceased from
e D	ATE OF BIRTH  LEL 24 1913  (Month) (Day) (Year)	that I last saw h Walive on away 26, 1915
Pack of	ge If LESS Ihae 1 day hrs. or mle.?	and that death occurred on the date stated above, at
bi bi	a) Trade, profession, or articular kind of work	The Onling-acrite
W W	usiness, or establishment in thick employed (or employer)	Contributory (Duration) yrs. mos. ds
9 _	(State or country)	Secondary  (Ourslion) yrs mos ds
tant. Se	11 BIRTHPLACE  11 BIR	(Signed) S. horris Gelehard, M. O. aug 31, 1916 (Address) Jales byry has
importa	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
is very	13 BIRTHPLACE OF MOTHER (State or country)  Me	At place in the state of death yrs. mes. ds. State, yrs. mos. ds.
ATIO	(Informant) John & Shoekley	Where was diseass contracted,  If not at placs of death?  Former or  usual residence
15	(Address) Salisbury Md R 12 H 4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Malkanes Lynn & But SEpt 1916
	Ted Aug 31, 191 5. May Chimes	Hollowaigh Co Salisburg
	If more blanks are needed, address State Registran	16 W. Saratoga St., Balto., Proquesting V. S. No. 1.
	June 1	



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired grs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from write Nonc. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the honsehold only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stotionory fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in Never return Locomotive engineer, "Laborer," (b) Autoof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria, (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubqcculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerpenal septichuemia, cause. mus," "Old Age," "Shock," "Uraunia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meosles; Whooping when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," ctc.), The contributory (secondary or intercurcorbolic Never report mere acid-probably



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ACE OF DEATH 2 should PHYSICIANS shoul RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED. (Write the word) DATE OF BIRTH classified. (Month) (Day (Year) UNFADING INK-THIS IS 7 AGE If LESS than should 1 day ......hrs. mos ZO ds OR ..... min. ? AGE proper BOCCUPATION (a) Trade, profession, or particular kind of work. suppiled. pe (b) General nature of Industry. business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER SO 0 WITH . back terms. ARENTS 11 BIRTHPLACE should OF FATHER (State or country uo 12 MAIDEN NAME plain instructions OF MOTHER of information 2 13 BIRTHPLACE At place OF MOTHER of death (State or country DEATH See If not at piace of death? Former or Item OF usual residence mportant. ы Every 15 UNDERTAKER REGISTRAR ż

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St .....Ward)

Ilf death occurred in a hospital or institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Day (Year) HEREBY CERTIFY. That I attended deceased from (Duration \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESTRENTS In the

..... yrs. ..... mos. .... State ..... yrs. \_\_\_ mos.\_\_ Where was diseasa contracted.

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.

cated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubercubrospinal meuiugitis"); Diphtheria (avoid use of term for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemie cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., Carcin-Typhoid fever (never report "Typhoid Examples: Cerebrospinal

> mia," "PUERPERAL peritonitis," etc. State cause for theuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated upless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae-The nature of the

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this ecrtificate is looked over thoroughly and all ques-

the certificate is permanently filed



RECORD PERMANENT 4 S THIS O UNFADIN WITH AINLY, 1

STATE OF MARYLAND State Very DEATH 10 PHYSICIANS should of OCCUPATION IS Registration Dist. No lif death occurred la a hospital or institution. give its NAME instead of street and nomber.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. (Mouth (Year) ORDIVORCED (Write the word) Exact I HEREBY CERTIFY. That I attended deceased from stated DATE OF BIRTH 860 classified. be (Month) (Day (Year) TAGE 0 If LESS than and that death occurred on the date stated above, a 1 day, .... hrs. OR .. ....min. ? properly ls. BOCCUPATION AG (a) Trade, profession, or particular kind of work supplied. be (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. Contributory 9 BIRTHPLACE (State or country) carefully Secondary that (Duration) 10 NAME OF FATHER (Signed) 80 jo be back terms, 11 BIRTHPLACE ARENT should OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 00 12 MAIDEN NAME plain instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) c 13 BIRTHPLACE Af place OF MOTHER (State or country) DEATH was disease contracted BEST OF See 0 Item OF usual residence Important. Ш Every 15 ADDRESS 00 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to-know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastcs (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for



RECORD

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WRITE

PHYSICIANS should state of OCCUPATION is very AGE should be stated EXACTLY. properly classified. Exact statement carefully supplied. See instructions on back of certificate. .-Every item of Information should be CAUSE OF DEATH In plain terms. s Important. N. B.

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

000

ADDRESS

	Registration Dist. No. 3.3.3.
Village or City Salisbury (No. 64 2FULL NAME Williams Jeff.	Staton  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wilowed, Married Write the word)  6 DATE OF BIRTH  Sept. 2014  (Month) (Day (Year)	(Month) (Day (Year)  I HEREBY GERTIFY, That I attended deceased from
TAGE  If LESS than 1 day,hrs.  OCCUPATION (a) Trade, profession, or particular kind of work (b) Seneral nature of industry,	and that death occurred on the date stated above, at 7 m.  The GAUSE OF DEATH * was as follows:  Character interstituted reflicit
business, or establishment in which employed (or employer)  Barthplace (State or country) Worcester to Mod	Gontributory Pulmen any veeling a
11 BIRTHPLACE OF FATHER OF MOTORITY BO. MAL  12 MAIDEN NAME OF MOTORITY OF MOT	(Signed), 191 (Address), M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or osual residence.
(Address) Salesbury MA:	19 PLACE OF BURIAL OR REMOVAL MY DATE OF BURIAL PM / LATE OF BURIAL PM / 19 th 2 1916 - 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitls"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carein-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichue. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cte. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Ex-



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PHYSICIANS

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or Institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDDWED, ORDIVERCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I BIRTH fonth' (Day 7 AGE If LESS than and that death occurred on the date atated above. 1 day hrs. O yrs. OR ..... 7 mos.....ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or amployer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 191 ... (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Volent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. ... \_\_ mos. \_ \_\_ ds. State Where was disease contracted. TRUE TO THE BEST OF KNOWLEDGE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*STyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. which surgical operation was undertaken. The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from Measles (disease causing "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; For Vio-



[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubereulosis of lungs, menin-

genital," suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart disease; Chronic interstitiol on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by earbolic acid-probably "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Meusles; Whooping to determine definitely. Examples: Accidental drowning; or miscarriage as "Puenpenal septichaemia," "Old Age," "Shoek," "Uracmia," "Weakness," Eg Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," railway train-accident; Revolver wound State cause for which "Atrophy," "Exhaustion," ("Con-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 33 It death occurred in St: Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from TE OF BIRTH (Day (Month) (Year) 7 AGE If LESS than f day,.....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which amployed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE .. (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ State \_\_\_\_\_ yrs. \_ mos. \_\_\_\_ ds. Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence. BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH If death occurred la a hospital or institution. give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Dnv (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I DATE OF BIRTH 18-22 (Month (Day (Year) 7 AGE if LESS Iban occurred on the date stated above. 1 day, .....hrs OR ..... min. ? BOCCUPATION (a) Trade, profession, orparticular kind of work. (b) General nature of industry, Jan mos business, or establishment in (Duration) which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country) At piace In the of death JIS. ..... MOS. ... State Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 APPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Structoud (No. 170	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No. 333  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Orth oranne	I While of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M Color of Race Single, Married, Widowed, Or Divorced (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH 8" 2" 19/51	that I last asw have alive on Merry 1915
7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of indostry, business, or establishment in	Cansing formulars birth
which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Marys and	Contributory Accidental fall.
10 NAME OF FATHER JASUAM White	(Signed) JAN & Dyerte M. B.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 AD NAS	Mate the DISEASE CAUSING DEATH, OF, the deaths from VIOLENT
of Mother Siling Jones	*Mate the DISEASE CAUSING DEATH, or, the deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Maryland	At place of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS THUE TO THE BEST OF NO KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or
(Informant) Saure Quarte Just	USUAT residence
16 NP Transp	Frubland in From lot aug, 3", 1915)

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

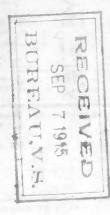
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indl-CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, cte. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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3 SEX TAGE BOCCUPATION

1 PLACE OF DEATH omice

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

Ilf death occurred in a hospital or institution.

give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED. onth) (Year) OROIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH 1915 that I last saw hat alive on. (Month (Day (Year) It LESS than and that death occurred on the date stated above, at. 1 day.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment le which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ..... yrs. .... State Where was disease contracted, It not at place of death? Former or usual residence DATE OF BURIAL 15

REGISTRAR

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin &t., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the se Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: But in many "Forcaran,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the affection need not be stated unless important. nunt neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Narasgenltal," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tclanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae-Never report 2

